

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT 1997 *94-97*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
97 JUN 10 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *752268*

1. Corporation Name  
**GRANDVIEW CONDOMINIUM**  
741 S. Collier Blvd.  
Marco Island, FL 34145

Principal Place of Business Mailing Address  
**Grandview Condominium**  
741 S. Collier Blvd. P.O. Box 39  
Marco Island, FL 34145 Marco, FL 34146

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number Applied For  
**59-2152410** Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**Jeffrey Will**  
Safe Harbor Management  
P.O. Box 285  
Marco, FL 34145

10. Name and Address of New Registered Agent

81 Name *Jeffrey Will*

82 Street Address (P.O. Box Number is Not Acceptable)  
*Safe Harbor Management*

83 *741 S. Collier Blvd.*

84 City *Marco Island* 85 Zip Code *FL 34145*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE *4/22/97*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	John Meadows	<i>add</i>
STREET ADDRESS	5 Draper St.	
CITY-ST-ZIP	Natick, MA 01760	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Tom Pellegriti	<i>add</i>
STREET ADDRESS	14 Independence Dr.	
CITY-ST-ZIP	Pelham, NH 03076	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	George VanDenburgh	<i>add</i>
STREET ADDRESS	1004 Burlington Beach Rd.	
CITY-ST-ZIP	Valpariso, IN 45383	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Edward Sullivan	
STREET ADDRESS	741 S. Collier #511	
CITY-ST-ZIP	Marco, FL 34145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Joseph Stasio	<i>add</i>
STREET ADDRESS	15 Linden St.	
CITY-ST-ZIP	Winthrop, MA 02152	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>100002211211--3</b>
2.3 STREET ADDRESS	<b>-06/13/97--01025--002</b>
2.4 CITY-ST-ZIP	<b>****245.00 ****245.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Edward Sullivan* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

(2)

**Grandview Condominium Association**  
P. O. Box 39  
Marco Island, FL 34146

May 13, 1997

Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

To Whom it May Concern:

Per conversation with your office, we understand we have been delinquent on filing corporation fees for four years.

We have never received a reminder or note of cancellation either at our mailing address or our physical address, as follows:

Mailing Address: Grandview Condominium Association  
P. O. Box 39  
Marco Island, FL 34146

Physical Address: Grandview Condominium Association  
741 South Collier Blvd.  
Marco Island, FL 34145

If our corporation has been dissolved for four years, I believe we should definitely have been notified. Possibly the notice was sent to the previous manager.

With all sincerity, we are requesting that the reinstatement fee of \$175.00 be waived.

Attached is a payment in the amount of \$245.00 for the four year delinquencies, paid in full.

Respectfully,



Jeffrey Will, Manager, for  
Board of Directors